Tuesday, October 20, 2015

WRITTEN COMMENTS FROM THE MICHIGAN SOCIETY OF HEMATOLOGY AND ONCOLOGY IN OPPOSITION TO HOUSE BILL 4437 AND IN SUPPORT OF HOUSE BILL 4812.

Thank you Chairman Callton and members of the committee for allowing me this brief opportunity to speak on such an important issue.

I am Dr. Anas Al-Janadi. I am an Associate Professor of Medicine at Michigan State University College of Human Medicine, Chief of the Division of Hematology & Oncology as well as the Medical Director for the Breslin Cancer Center.

However, today I speak to you as a member of the Board of Directors of the Michigan Society of Hematology and Oncology.

For the past 30 years, Michigan oncologists and hematologists have been formally organized through the Michigan Society of Hematology and Oncology to promote best practices and ensure access to quality care for the state's cancer patients.

Our membership of nearly 400 physicians are dedicated to education and advocacy to ensure our patients have access to the appropriate treatments for their medical condition. Biosimilars will likely become an integral part of our member's treatment regimens and having access to them is vitally important.

While we recognize Representative Yonker's work on this issue, we cannot support his legislation as House Bill 4437 would intentionally keep our members in the dark about what biological drug products were dispensed to our patients.

We need to know what biologics our patients are given in order to properly treat their medical conditions.

Additionally, HB 4437 would allow the substitution of non-interchangeable biological drug products which goes against the FDA guidelines and is not something we can support.

Fortunately, there is a better option.

House Bill 4812, sponsored by your colleague, Dr. John Bizon, will create a regulatory pathway for pharmacists to substitute interchangeable biosimilars. This pathway closely mirrors the process for the substitution of generic pharmaceutical products with common sense patient safety measures such as communication with the prescribing physician.

The FDA has clearly stated that biosimilars are not generics. Even the smallest difference in the structure of a biologic medicine and its attempted copy can have a significant impact on a patient.

A patient's immune system may react differently to the two products. Physician and patient awareness of product substitutions may provide key information for optimal patient care and effective product monitoring to ensure safety and efficacy.

The treatment of chronic conditions requires physicians to take into consideration a patient's lifestyle, ability to tolerate various side effects of treatment, and life stage in managing the patient's care.
It has been said that physicians do not want to be bothered by after the fact communications from the pharmacy. I couldn't disagree more. We NEED to know this information and it is not a bother. We are dealing with cancer, a serious disease. It is not a bother to stay on top of treatment regime for a patient suffering from such a horrendous disease.

It was also mentioned last week that if a physician wants to know what our patients were given, we can call the insurance company or the pharmacy and ask. This makes no sense when the information can be easily reported to our offices.

HB 4812 ensures appropriate communication between pharmacists and physicians so a shared awareness of the exact medicine being taken exists, a practice that is especially important when it involves biologics.

It is for this reason that MSHO supports HB 4812 as it includes the extremely important provision requiring communication between the dispensing pharmacist and the prescribing physician.

This is good public policy and an important safety measure.

Thank you again for your time this morning.